

Name
in
Full

Lizzie Barnes

CERTIFICATE OF DEATH

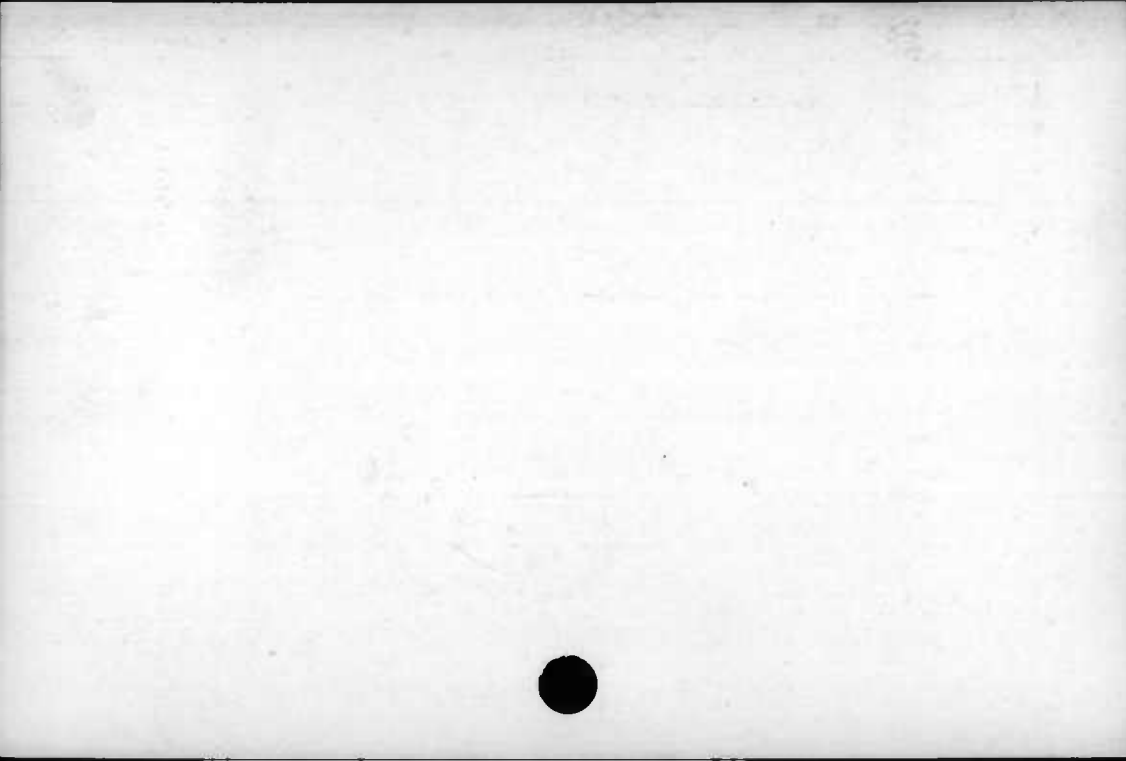
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Biggs</i>		Town <i>Biggs</i>		County <i>Charles</i>		STATE <i>MARYLAND</i>	
Date of death <i>1905</i>		Month <i>July</i>		Day <i>7</i>		Age <i>85</i>	
Sex <i>Female</i>		Color or Race <i>Colloid</i>		Birth-place <i>MD.</i>		Months <i>—</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>at Home</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Henry Barnes</i>		Father's Name <i>James Jeferson</i>		Father's Birthplace <i>MD.</i>	
Mother's Maiden Name <i>obscure</i>		Mother's Birthplace <i>—</i>		Name of person giving information <i>John H Turner</i>		How related to deceased <i>son in law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>old age</i>	How long <i>15</i>
Immediate <i>heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>none in attendance</i>
	Address <i>C. D Carpenter Sub R.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

William Wade Blandehand

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>his</i> ^{Town} <i>Marshall Hall</i> ^{County} <i>Charles</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>7</i>	Day <i>26</i>	Age <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Charles Co Md</i>	Months <i>2</i> Days <i>19</i>
Occupation <i>-</i>	Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>	Name of Wife or Husband <i>-</i>		
Father's Name <i>William Blandehand</i>	Father's Birthplace <i>Charles Co</i>		
Mother's Maiden Name <i>Bertha Perry</i>	Mother's Birthplace <i>Po. Co. Md</i>		
Name of person giving information <i>Bertha Blandehand</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Gastritis</i>	How long <i>1 mo.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry Halley M.D.</i>
	Address <i>Starkes Md</i>
Accident or Suicide?	



Name
in
Full

Richard Zeller Bowen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wdcome</i>		Town <i>Ches</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>7</i>	Day <i>28</i>	Age <i>—</i>	Years <i>—</i>	Months <i>1</i>	Days <i>27</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Chesapeake</i>			
Occupation <i>None</i>			Where Residing If not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Lamuel A. Bowen</i>				Father's Birthplace <i>Montgomery Co Md</i>			
Mother's Maiden Name <i>Ladaie Z. Monroe</i>				Mother's Birthplace <i>Chesapeake</i>			
Name of person giving information <i>Lamuel Z. Bowen</i>				How related to deceased <i>Father</i>			

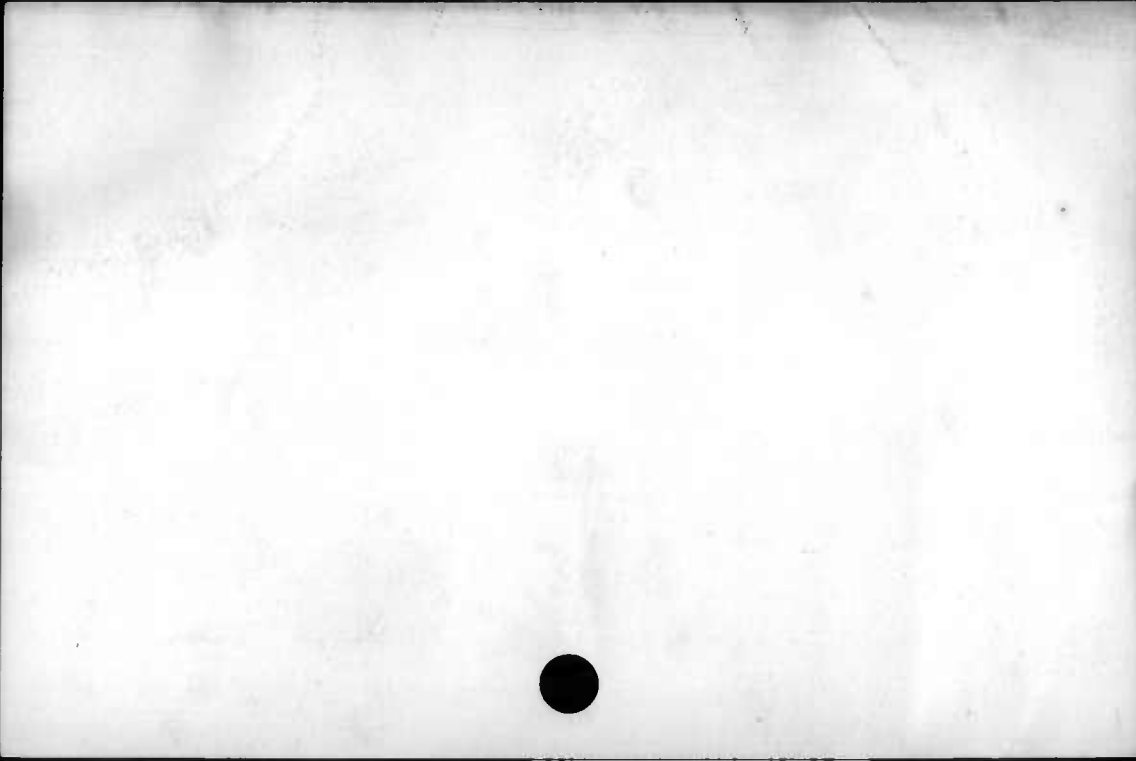
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Throat</i>	<i>100</i> ✓	How long <i>3 weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>None attending</i>	
	Address <i>W F Browner Sub P</i>	
Accident or Suicide?		

Reprinted by W. F. Browne
Dul. Ry

Name in Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Home</i> <i>Charles</i>		TOWNSHIP <i>Charles</i> COUNTY <i>MD</i> MARYLAND			
	Date of death 190	5	Month <i>July</i>	Day <i>19</i>	Age <i>7</i> Years <i>7</i> Months <i>—</i> Days <i>—</i>	
	Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
	Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
	Name of Wife or Husband <i>—</i>					
	Father's Name <i>Richard H Burch</i>		Father's Birthplace <i>Ind</i>			
	Mother's Maiden Name <i>Sallie Jenkins</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Fred Burch</i>		How related to deceased <i>Brother</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Marasmus</i>		How long <i>151</i> ✓		<i>one mo</i>	
	Immediate <i>Heart failure</i>		How long <i>4 days</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. C. Crappell</i>			
			Address <i>Keighsville</i>			
	Accident or Suicide?		<i>Maryland</i>			



Name
in
Full

CERTIFICATE OF DEATH

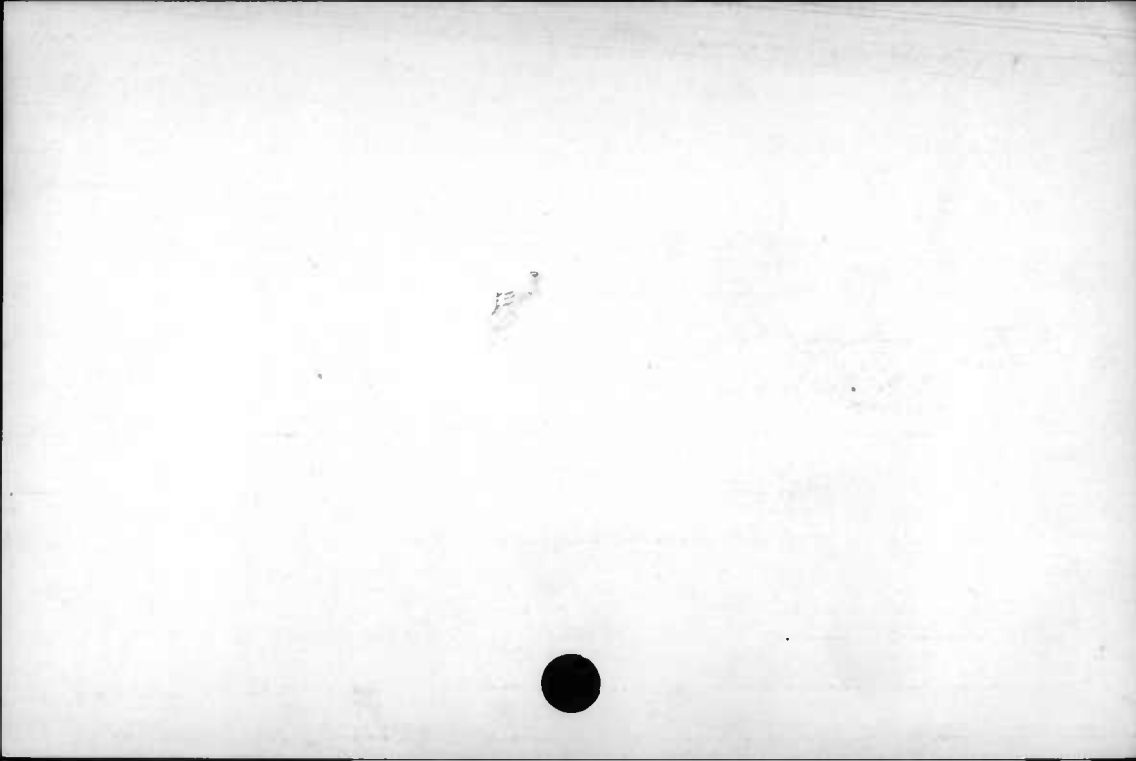
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Frances Anna Butler</i>		Town <i>Glynn</i>		County <i>Glynn</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>12</i>		Age <i>9</i>	
Date of death <i>190</i>		Month <i>July</i>		Day <i>12</i>		Age <i>9</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>D.C.</i>			
Occupation				Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Henry Butler</i>				Father's Birthplace <i>Wm. Co. Ind.</i>			
Mother's Maiden Name <i>Daisy Ware</i>				Mother's Birthplace <i>D.C.</i>			
Name of person giving information <i>Cornelius Butler</i>				How related to deceased <i>Grand Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>		How long <i>One day</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Mitchell, D.</i>	
<i>Yes</i>		Address <i>Pomona, Ind.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

James Farmer

Town

County

Died at Cornfuk-

dehauch

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

July

10

Age

46

Sex

Color or
Race

C

Birth-
place

Mo

Occupation

Farmer

Where Residing if not
at place of death

at home

Married, Single
or Widowed

Married

Name of Wife or
Husband

Jessie Thomas

Father's
Name

Richard Farmer

Father's
Birthplace

Mo

Mother's
Maiden Name

Charlotte Farmer

Mother's
Birthplace

Mo

Name of person giving
In formation

George Brown

How related
to deceased

None

CAUSES OF DEATH

Primary

Diabetes Chronic

How long

12 months

Immediate

Insolation

How long

Short while

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

G. O. Thomas

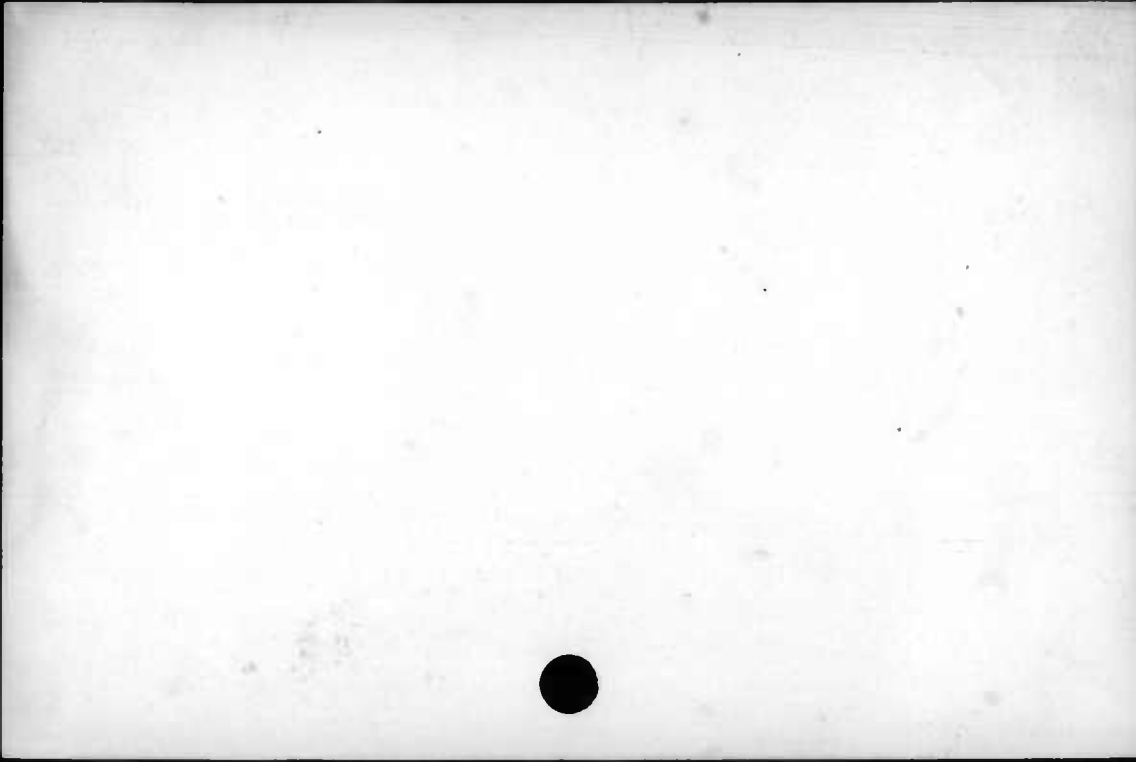
Address

Waldorf

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

John Albert Gardiner

CERTIFICATE OF DEATH

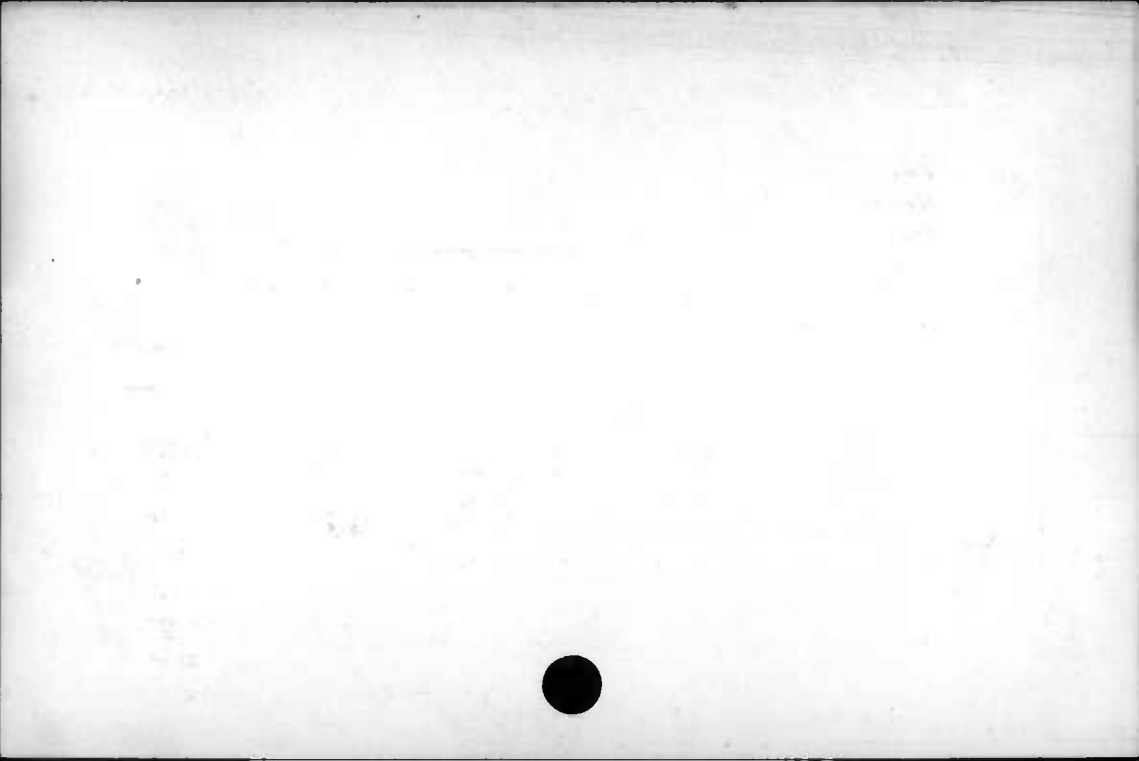
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Gallant Men</i>		Town <i>Chas.</i>		County		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>5</i>	Age	Years	Months <i>4</i>	Days <i>23</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation			Where Residing if not at place of death <i>at home</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Frank Gardiner</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Lillie Wilkinson</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>Frank Gardiner</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Hot weather and improper food</i>	How long	<i>a few hours</i>
Immediate	<i>Cholera infantum</i>	How long	<i>9 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. A. Murbury M.D.</i>	
		Address <i>Aguasco, Maryland.</i>	
Accident or Suicide? <i>No</i>			



Name
in
FullMary Eva ~~Love~~ Gardner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Waco, Texas Town Waco County Waco

Date of death 1905 Month July Day 23 Age — Years — Months 10 Days —

Sex Female Color or Race White Birth-place Texas

Occupation — Where Residing if not at place of death —

Married, Single or Widowed —Name of Wife or Husband —

Father's Name

J. S. Gardner

Father's Birthplace

Texas

Mother's Maiden Name

Beynch Monahan

Mother's Birthplace

Texas

Name of person giving information

J. F. Sanders

How related to deceased

brother

CAUSES OF DEATH

Primary

Malassimiation

How long

151 Shunk Waco

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date and place correctly given above?

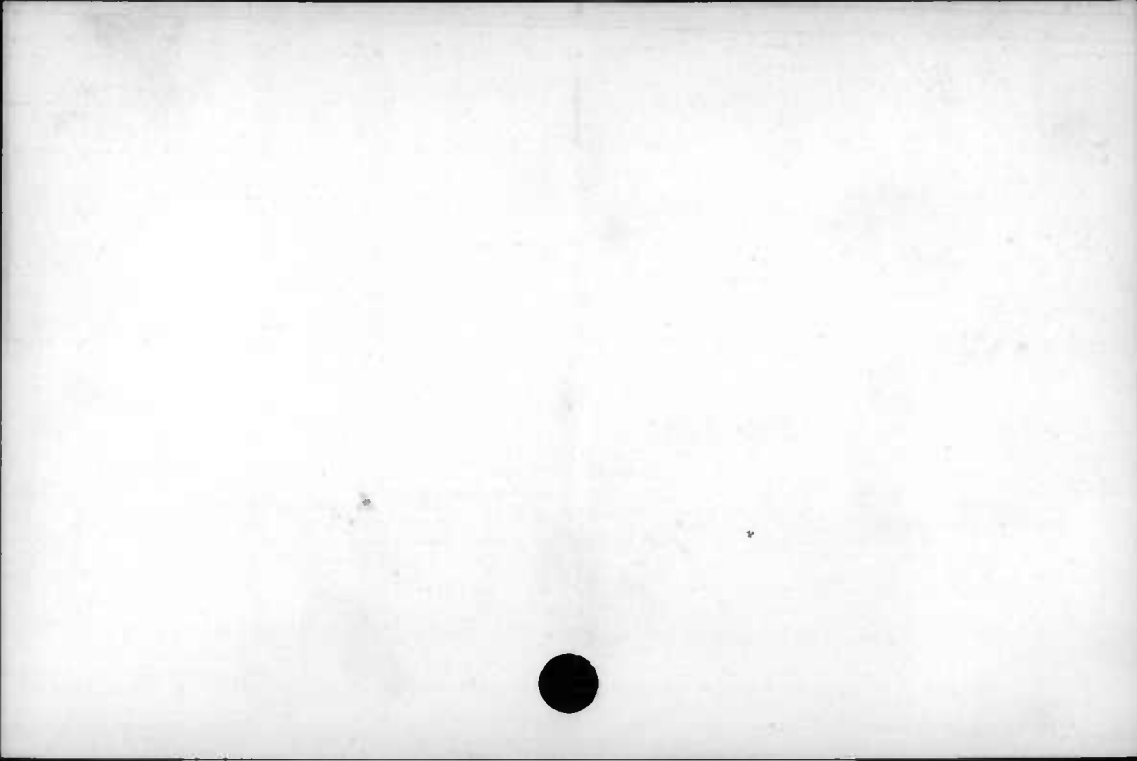
Yes

Signature of Physician

Address

J. O. Sumner
Waco, Texas
M.D.

Accident or Suicide? —



Name in Full		Agnes Loran Greenfield				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Near Matawoman</i>		Town <i>Charles</i>		County			
		Date of death 190 <i>51</i>		Month <i>July</i>	Day <i>24</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>—</i>
		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Chas. Co. Md.</i>			
		Married, Single or Widowed <i>—</i>		Occupation <i>—</i>					
		Name of Wife or Husband <i>—</i>							
PHYSICIAN OR CORONER		Father's Name <i>Henry Greenfield</i>				Father's Birthplace <i>Chas. Co. Md.</i>			
		Mother's Maiden Name <i>Bessie Greenfield</i>				Mother's Birthplace <i>" " "</i>			
		Name of person giving information <i>Henry Greenfield</i>				How related to deceased <i>Father</i>			
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Cholera Infantum</i>				How long <i>105</i> ✓			
		Immediate <i>Exhaustion</i>				How long			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>None in attendance</i>			
						Address <i>J. M. Wixerson</i>			
		Accident or Suicide? <i>—</i>				<i>Sub Reg. Waldorf Md</i>			



Name
in
Full

CERTIFICATE OF DEATH

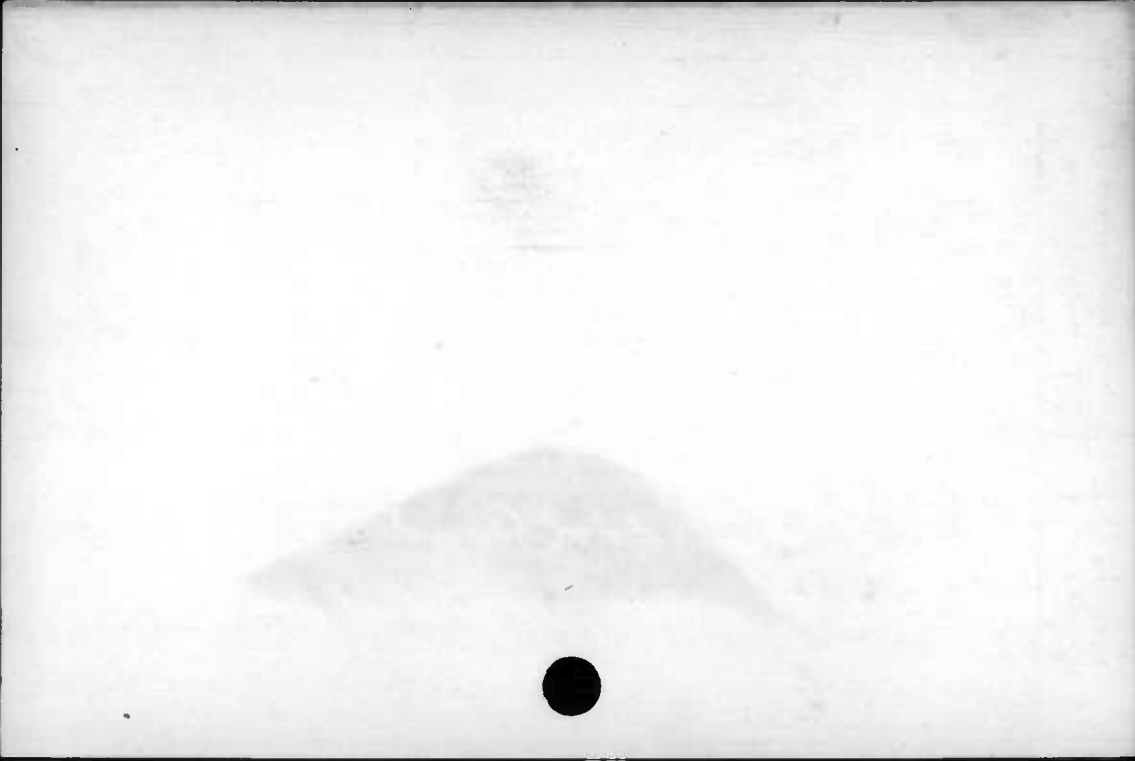
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laplaton</i> ^{Town}		<i>Chancery</i> ^{County}		MARYLAND	
Date of death	<i>1905</i> ^{Year}	<i>July</i> ^{Month}	<i>14th</i> ^{Day}	Age <i>14</i> ^{Years}	<i>—</i> ^{Months}
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Chancery Co.</i>			
Occupation <i>Seaman</i>	Where Residing if not at place of death. <i>Wear Yarns Co</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>—</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>—</i>				
Name of person giving information <i>Wm. J. Mannie,</i>	How related to deceased <i>—</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>167</i> ^{How long}
Immediate <i>Caused by explosion of Coal Oil.</i>	<i>4 hours</i> ^{How long}
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry B. Robinson</i>
	Address <i>Laplaton, Sub. Reg.</i>
Accident <i>or Suicide?</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant

Died at *near Hilltop* ^{Town} *Charles* ^{County}

Date of death *1905* ^{Month} *July* ^{Day} *2nd* ^{Years} *Age* ^{Months} *1* ^{Days}

Sex *female* Color or Race *white* Birth-place *Charles*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*William Mattingly*Father's
Birthplace*New York*Mother's
Maiden Name*Mary E Higdon*Mother's
Birthplace*Charles Co*Name of person giving
Information*Wm Mattingly*How related
to deceased*Farther*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Deplete when Born

How long

1 day

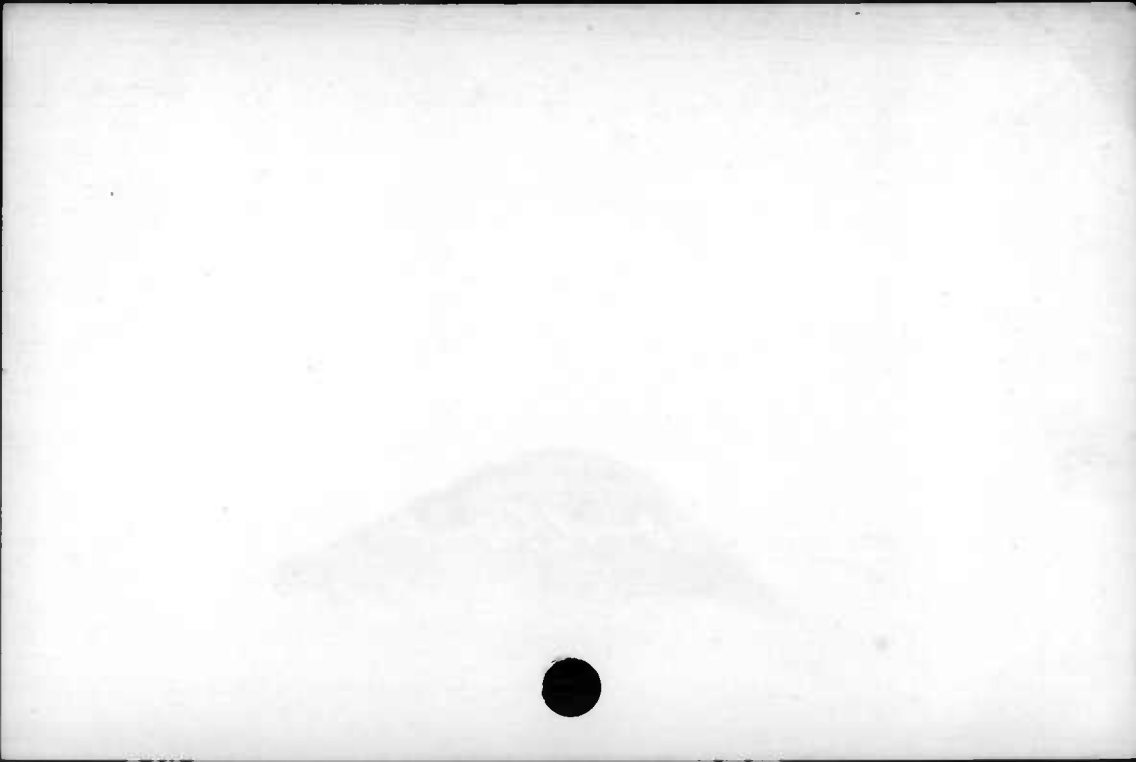
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Maximilian Blum*

Address

*151
Irmsider Rd*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Estelle Richardson

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} ~~non~~ ^{County} ~~Nanperry~~ Charles

Date of death 1908- ^{Month} July ^{Day} 5 ^{Age} 40 ^{Years} ^{Months} ^{Days}

Sex female ^{Color or Race} B ^{Birth-place} Charles & Ma

Occupation House wife ^{Where Residing if not at place of death} Nanperry

Married, Single or Widowed ^{Name of Wife or Husband}

Father's Name Vernon Richardson

Father's Birthplace Dorchester

Mother's Maiden Name Henrietta Lacy

Mother's Birthplace

Name of person giving information Joseph Shiverals

How related to deceased Bro in law

PHYSICIAN
OR CORONER

Primary ^{How long} Typhoid Conditions 2 weeks

Immediate

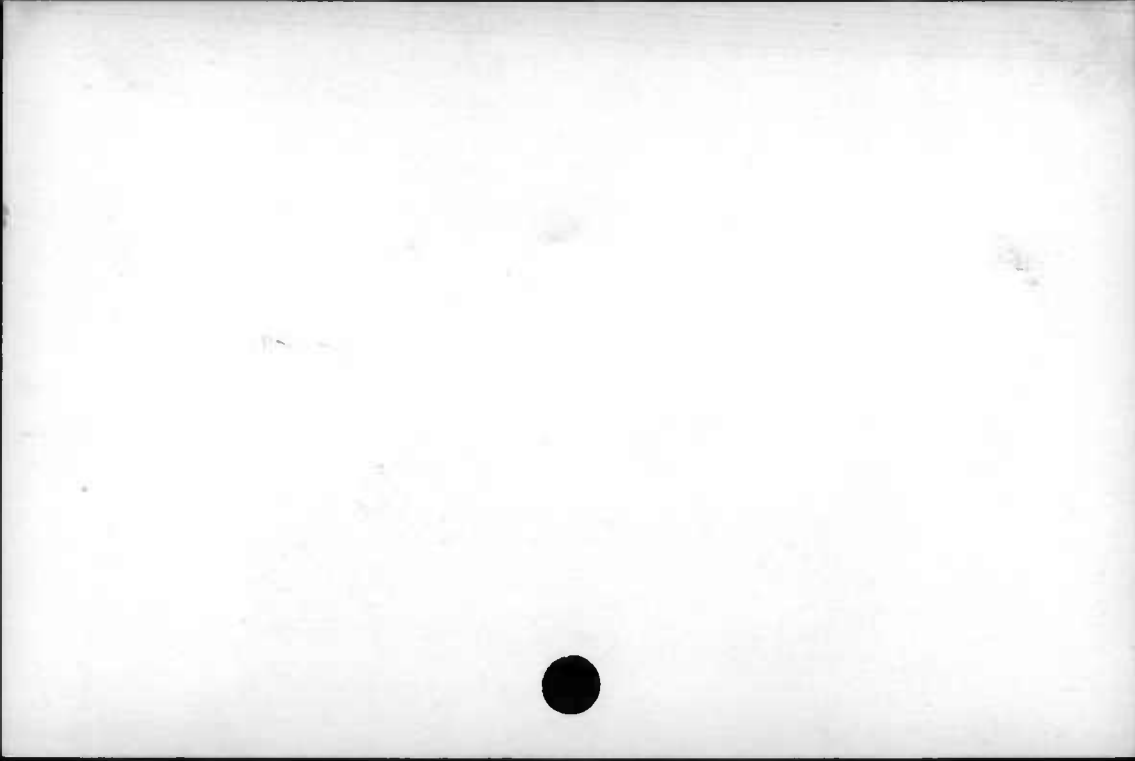
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician S H Speake

Address Grayton Md

Accident or Suicide?

Per W C Sub Regt.



Name
in
Full

Rose Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Hill Top ^{County} Charles

Date of death 1905 ^{Month} July ^{Day} 23 ^{Age} 75 ^{Years} ^{Months} ^{Days}

Sex female ^{Color or Race} 70 ^{Birth-place} Md

Occupation General work ^{Where Residing if not at place of death} Hill Top

☒ Married, Single ☒ Widowed ^{Name of Wife or Husband} Dead

^{Father's Name} Don't know ^{Father's Birthplace} . . .

^{Mother's Maiden Name} . . . ^{Mother's Birthplace} . . .

^{Name of person giving information} Walter Ward ^{How related to deceased} Friend

CAUSES OF DEATH

PHYSICIAN
OR CORONER

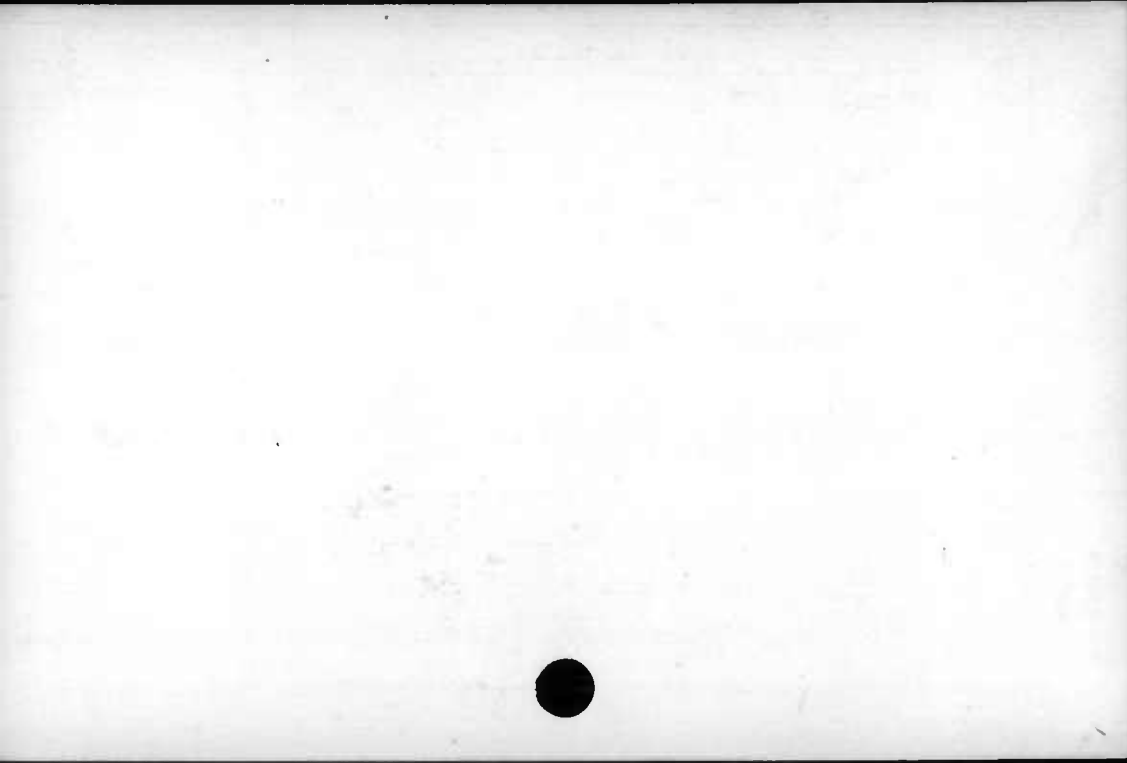
^{Primary} Organic ^{How long} 1 year

^{Immediate} Heart disease ^{How long} or more

^{Are the name, age, sex, color, date and place correctly given above?} ^{Signature of Physician} Dr. S. H. Speake

^{Address} Grayton, Md.

^{Accident or Suicide?} Per M. & Sub Regt.



Name
in
Full

Mary L Swann

CERTIFICATE OF DEATH

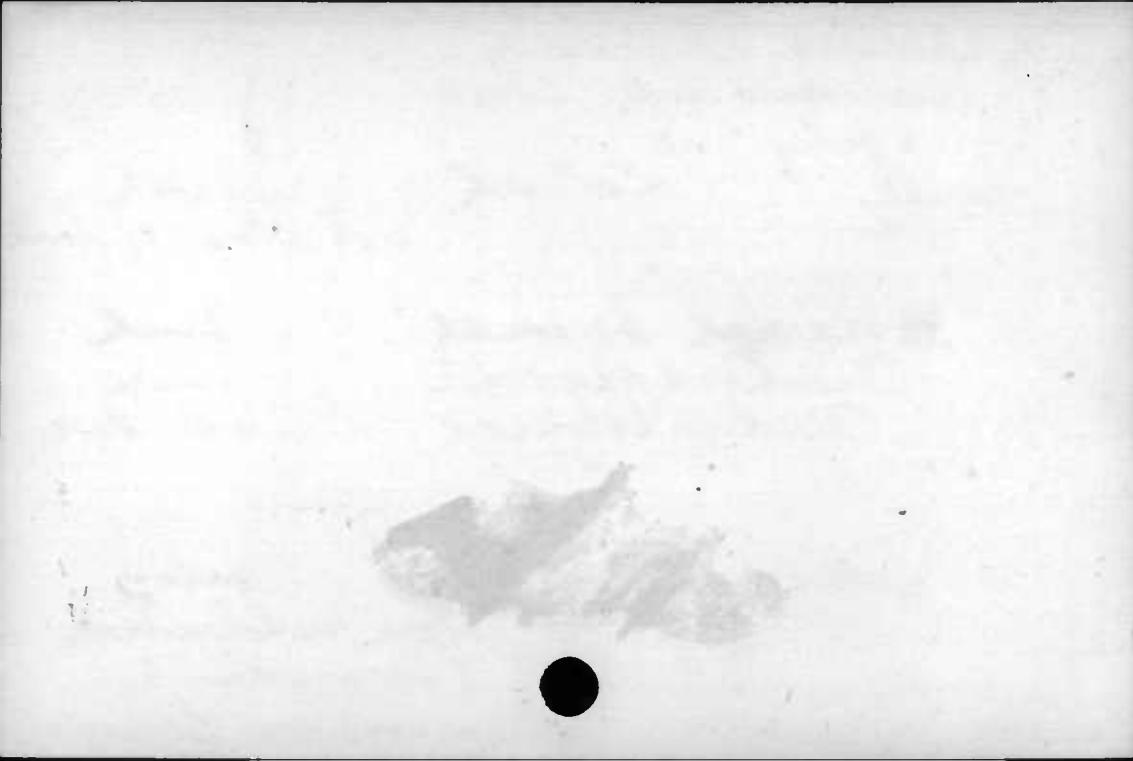
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Mason Springs</i> ^{Town} <i>Chas.</i> ^{County}		MARYLAND	
Date of death <i>1905 July 11</i>	Age <i>59</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>C</i>	Birth-place <i>Md.</i>	
Occupation <i>House Keeping</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>James W Swann</i>		
Father's Name <i>Warren T Swann</i>	Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Ann R Swann</i>	Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>James W Swann</i>	How related to deceased <i>Husband</i>		

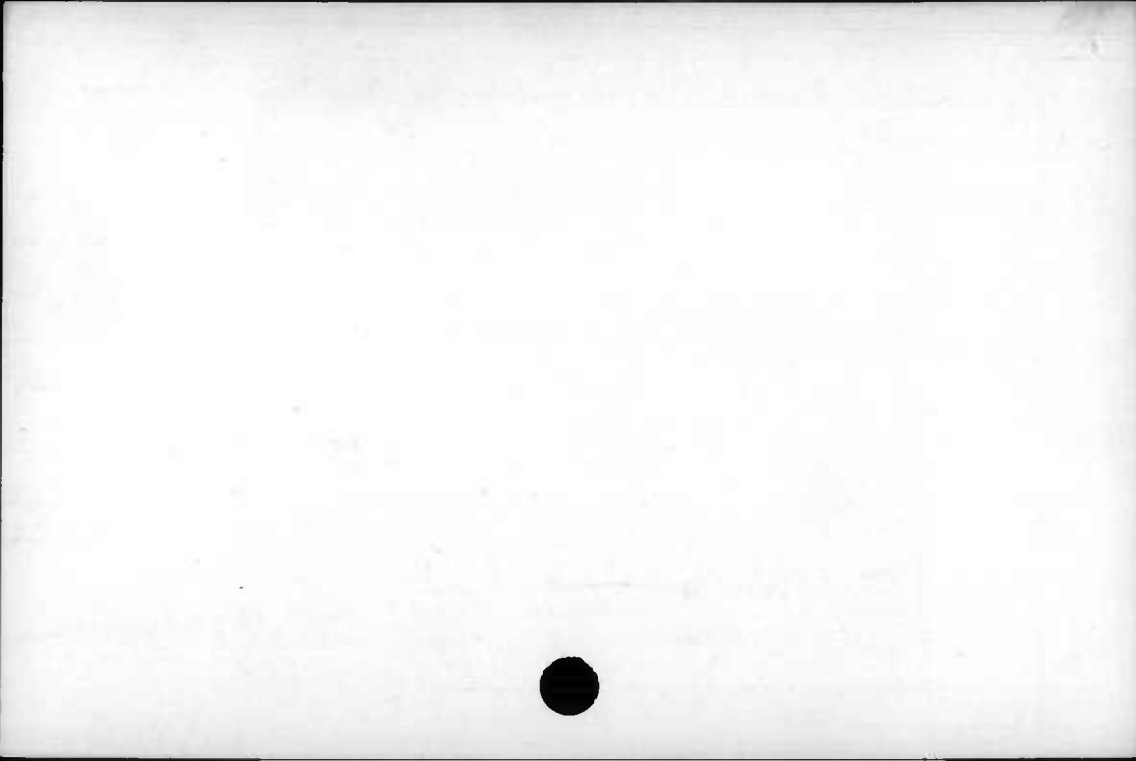
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Oedema Lung</i>	<i>95</i> <input checked="" type="checkbox"/> How long <i>about 2 hours</i>
Immediate <i>Heart Failure</i>	How long <i>about 30 min.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Paul L Hammon M.D.</i>
	Address <i>Mason Springs Md.</i>
Accident or Suicide?	



Name in Full		Andros Thomas				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Date of death		Month		Day		Years	
	1905		July		13		Age	
	Sex		Color or Race		Birth-place		Months	
	Male		Colored		Ind		6	
	Occupation		Where Residing if not at place of death					
	cann		at place of death					
Married, Single or Widowed		Name of Wife or Husband						
cann		cann						
Father's Name		Father's Birthplace						
Howard Small		Ind						
Mother's Maiden Name		Mother's Birthplace						
Beatrice Hylman		Ind						
Name of person giving information		How related to deceased						
Beatrice Hylman		Mother						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		How long					
	Immediate		How long					
	Convulsion		1 day					
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
	yes		H. P. Marshall					
Address		Accident or Suicide?						
J. P. Marshall		No						
Monkey Cakes Co								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Jessie Williams*Died *near cross Roads* Town *Chase* County

MARYLAND

Date of death *1906* Month *July* Day *4* Age *5* Years Months DaysSex *male* Color or Race *white* Birth-place *Washington*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Joseph Williams* Father's Birthplace *Washington*Mother's Maiden Name *Hattie Southland* Mother's Birthplace *Charles*

Name of person giving information _____ How related to deceased _____

CAUSES OF DEATH

Primary *mus as mus* (151) How long *4 months*Immediate *in malnutrition* How long _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *S. H. Speaker*Address *Grayton Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Francis Estelle Winkler

Died at *Mar Pomfret* Town

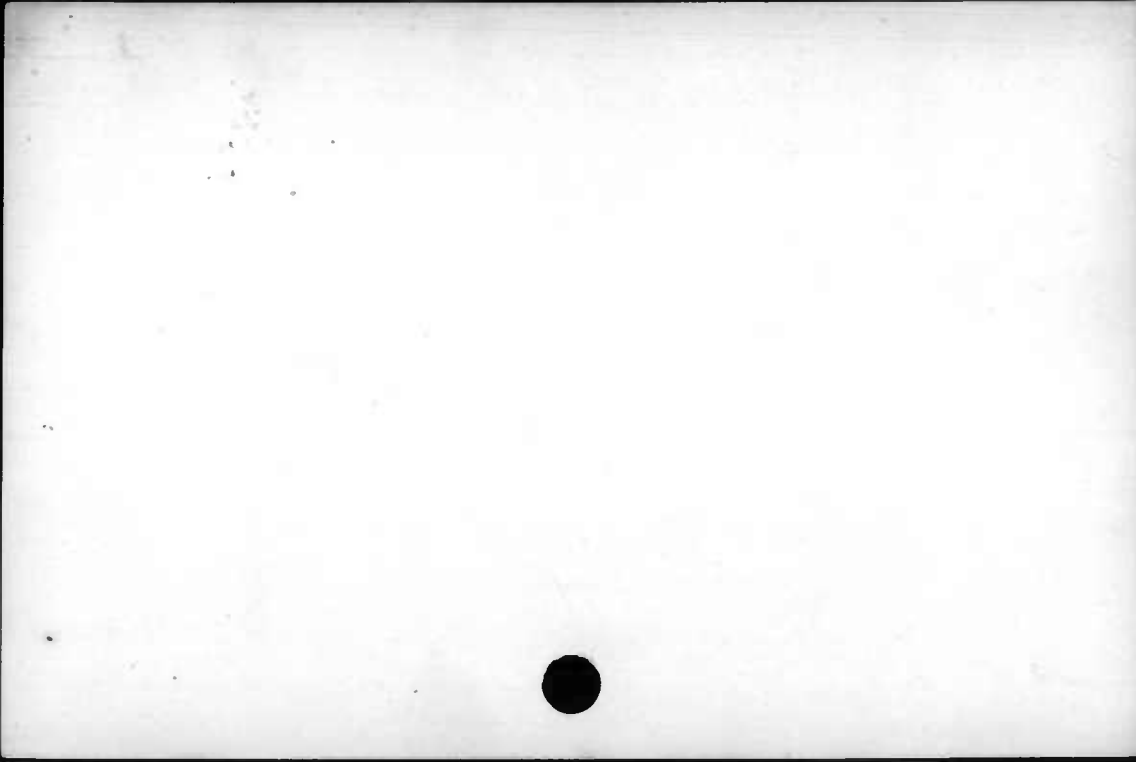
Lebanon County

MARYLAND

Date of death *1901* - *July* MonthDay *14*Age *—* YearsMonths *2*Days *—*Sex *Female*Color or Race *White*Birth-place *Lebanon Co Md*Occupation *—*Where Residing if not at place of death *at home*Married, Single or Widowed *—*Name of Wife or Husband *—*Father's Name *James C. Winkler*Father's Birthplace *Md*Mother's Maiden Name *Marianne Lucas*Mother's Birthplace *Md*Name of person giving information *James C. Winkler*How related to deceased *Father*

CAUSES OF DEATH

Primary *Macassimilation*How long *2 months*Immediate *Exhaustion*How long *short while*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *L. O. Snover*Address *W. O. Snover*Accident or Suicide? *—*



Name
in
Full

Thomas M. Wolfe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Princeton</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	1905	Month	July	Day	29
Age	47	Years		Months	
Sex	male	Color or Race	white	Birth-place	md
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	married		Name of Wife or Husband		
Father's Name		<i>Wm Wolfe</i>		Father's Birthplace	
Mother's Maiden Name		<i>Jane Roby</i>		Mother's Birthplace	
Name of person giving Information		<i>Thos M Wolfe</i>		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>4 mos</i>
Immediate	<i>Pulmonary Hemorrhage</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date, and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>L. G. Brown</i>	
		Address	
		<i>Princeton, md.</i>	
Accident or Suicide?			

